PTO/SB/22 (12-04)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection	of information unless if displays a valid OMB control number Docket Number (Optional)			
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005	00467/000M290-US0			
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
Application Number 10/625,472-Conf. #9885	Filed	July 22, 2003		
For CONFIGURABLE HEATING PAD CONTROLLER				
Art Unit 3742	Examiner	M. H. Paschall		
This is a request under the provisions of 37 CFR 1.136(a) to extend the identified application.				
The requested extension and fee are as follows (check time period designated)				
Fee \$420	Small Entity F			
One month (37 CFR 1.17(a)(1)) \$120	\$60	\$		
Two months (37 CFR 1.17(a)(2)) \$450	\$225	\$		
X Three months (37 CFR 1.17(a)(3))	\$510	\$ 1,020.00		
Four months (37 CFR 1.17(a)(4)) \$1590	\$7 95	\$		
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080	\$		
Applicant claims small entity status. See 37 CFR 1.27.				
X A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this	annlication to a De	enosit Account		
The Director is hereby authorized to charge any fees which may Deposit Account Number 04-0100 . I have encl	be required, or croosed a duplicate c			
		.,		
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 Statement under 37 CFR 3.73(b) is enclosed		96).		
x attorney or agent of record. Registration Number	er <u>53,706</u>			
attorney or agent under 37 CFR 1.34.				
Registration number if acting under 37 CFR 1.34		<u> </u>		
James ~ morro	Ap	oril 12, 2006		
Signature		Date		
James N. Tuozzo	(212) 527-7700			
Typed or printed name		phone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their represents on their represents on their representation one signature is required, see below.	resentative(s) are require	d. Submit multiple forms if more		
Total of 1 forms are submitted.				

04/17/2006 SFELEKE1 00000114 10625472

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Fees pursuant to the Consol					omplete if Know			
· ·			Application	on Number	10/625,472-Cd	onf. #9885		
	EE TRANSMITTAL Filing Date		July 22, 2003					
Fo	r FY 2006	3	First Nam	ned Inventor	Christopher S.	Kanel		
			Examiner	Name	M. H. Paschall			
Applicant claims sr	nall entity status.	See 37 CFR 1.27	Art Unit	Art Unit 3742				
TOTAL AMOUNT OF P	AYMENT	(\$) 1 ,2 120.00	Attorney [Docket No.	00467/000M29	90-US0		
METHOD OF PAYME	ENT (check all the	nat apply)						
x Check Credi	t Card M	Ioney Order	None	Other (please id	lentify):			
Deposit Account	eposit Account Numb	er: 04-0100 Deposit	Account Name:		Darby & Darby	P.C.		
For the above-id	entified deposit a	account, the Directo	r is hereby au	thorized to: (cl	neck all that apply)			
Charge fee	(s) indicated bel	ow		Charge fee(s)	indicated below, e	xcept for the	filing fee	
Charge any	v additional fee(s) or underpayment	of x	Credit any ove	ernavments			
fee(s) und	er 37 CFR 1.16	and 1.17	ت	· · · · · · · · · · · · · · · · · · ·				
FEE CALCULATION	`		on filing or	r may be sul	oject to a surch	arge.)		
1. BASIC FILING, SEAR	<u>-</u>		SEARCH FE	EC EVAN	INATION FEES			
		G FEES S Small Entity	Small I	-	Small Entity			
Application Type	Fee (\$)	Fee (\$) Fee				Fees Pa	id (\$)	
Utility	300	150 50	00 25	0 200	100			
Design	200	100 10)0 5	0 130	65			
Plant	200	100 30	00 15	0 160	80			
Reissue	300	150 50	00 25	0 600	300			
Provisional	200	100	0	0 0	0			
2. EXCESS CLAIM FEE	s					_	mall Entity	
Fee Description		•				Fee (\$)	Fee (\$)	
Each claim over 20 (incl						50	25	
Each independent claim		g Keissues)				200	100	
Multiple dependent clair			D 11/4			360	180	
			e Paid (\$)	_	Multiple Depende			
HP = highest numer of total of	laims paid for, if gre	= ater than 20.	~ _	_	Fee (\$)	Fee Paid (\$)		
			e Paid (\$)	_			=	
4 -3 -3=	× _	200 =	7/2	-00				
HP = highest numer of indep	endent claims paid f	or, if greater than 3.	• •	_			-	
3. APPLICATION SIZE			, , ,		~1 ·1			
If the specification and listings under 37 CF sheets or fraction th	R 1.52(e)), the a	application size fee	due is \$250 (\$125 for smal				
Total Sheets	Extra Sheets			or fraction the	reof Fee (\$)	Fee Pa	aid (\$)	
	_	/50				=		
4. OTHER FEE(S)			,			Fees P	aid (\$)	
Non-English Specific	cation, \$130 fee	(no small entity d	iscount)					
Other (e.g., late filing	g surcharge): 12	53 Extension for	response wi	ithin third mo	nth	1,020	0.00	

SUBMITTED BY		$\overline{}$	7_				
Signature	James	~	mosso	Registration No. (Attorney/Agent)	53,706	Telephone	(212) 527-7700
Name (Print/Type)	James N. Tuozzo					Date	April 12, 2006